



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E265544**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE #	13-02106
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	TREE OR STUMP

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	N S	E W	IN OF	CITY #
DATE OF COLLISION	08 - 26 - 2013	0619	31			<input checked="" type="checkbox"/>	0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
LUNDEEN PARKWAY	BLOCK NO. <input checked="" type="checkbox"/>	800
	MILE POST	

DISTANCE	200	00	MILES	N <input checked="" type="checkbox"/>	E <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	VERNON RD
			FEET	S <input checked="" type="checkbox"/>	W <input type="checkbox"/>		

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	PHONE	D: 2069633641
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LAST NAME	SMITH	FIRST NAME	DANIEL	MIDDLE INITIAL	K
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STREET NEW ADDRESS	1314 90TH DR NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982582480
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	SMITHDK159P2	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	10	22	1985
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ON DUTY	<input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	B70753X	STATE	WA	VIN#	JALC4B16867001900
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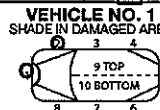
TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2006	MAKE	ISU	MODEL	SVCTRK	STYLE	UT	VEHICLE TOWED	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. NW SYSTEMS INC 1911 S 14TH ST UNION GAP WA 98903

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PARKER SMITH & FEEK INC 8102CA20441L12
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	PHONE	D: 4253341012
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LAST NAME	CITY OF LAKE STEVENS	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	POB 257
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.	MMDDYYYY			
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ON DUTY	<input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED	YES <input type="checkbox"/>	NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT	<input type="checkbox"/>	INSURANCE CO & POLICY #	
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	RON BROOKS	BADGE OR ID #	013	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E265544**

CASE # **13-02106**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)													
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-	-
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-	-
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-	-
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				

NARRATIVE

Unit 1 was Southbound on Lundeen Parkway. Unit 1 drove off of the road over the curb and hit two trees in the planter strip between the road and the sidewalk. The collision occurred in the curve just over the bridge. The path of Unit 1 was as he entered the curve from a straight stretch the vehicle kept going straight and did not make any correction for the curve until the vehicle drove up on the curb. A portion of the tree was impaled into the truck and the front glass was shattered. Two trees about 12 in diameter were shiered off.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

RON BROOKS

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

08-26-13 08:02 AM

DATED

PLACE SIGNED

APPROVED BY

RON BROOKS 013

DATE

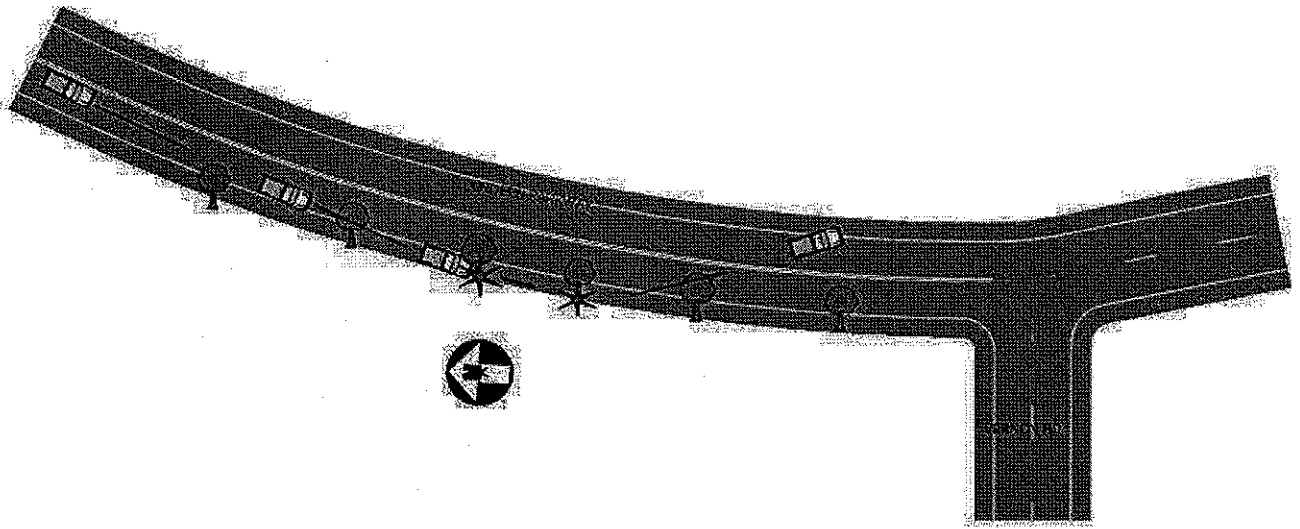
8/26/2013 8:23:22 AM

BADGE OR ID # **013**

ORI # **WA0311900**

TIME POLICE DISPATCHED **6:21 AM**

TIME POLICE ARRIVED **6:27 AM**



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 13-02106

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Smith, Daniel Kevin	RACE W	ETH W	SEX M	DOB 10/22/85	AGE 27	HGT 5'10"	WGT 220	HAIR BROWN	EYES GRN
STREET ADDRESS 1314 90th Dr. NE.		CITY Lake Stevens			STATE Wa.		ZIP 98258		RES. STATUS	
HOME PHONE N/A		CELL PHONE (206) 963-3641			PLACE OF EMPLOYMENT N W H S					
WORK PHONE N/A		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

N/A

Heading to ^{#159} 204 on Lundeen Pkwy @ 6:20am coming around corner 250' from little bridge, driving my companies vehicle a motorcyclist was ~~passing~~ ^{DS} attempting to pass me on a ~~one lane~~ ^{DS DS} one lane road. In order to avoid contact with motorcyclist I hugged the ~~curb~~ ^{DS} curb because he was too close to my vehicle. My tires grabbed the curb and pulled me on to it and caused me to collide with 2 small trees a foot from curb before I was able to pull off of curb. ^{DS} I was unable to identify driver or license plate of motorcyclist. Lake Stevens Police + Fire responded 10 minutes after accident and I saw no witnesses at the scene.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 8/26/13	LOCATION SIGNED Scene of accident
OFFICER/NUMBER: 3612	DATE SIGNED "	LOCATION SIGNED "

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ___ OF ___

LAKE STEVENS POLICE EVIDENCE UNIT			Primary Officer/Badge Number SGT BROOKS #13			Case Number 13- 02106		
Type of Crime: Felony / Misdemeanor (Circle)			Type of Case: COLLISION			Date/Time: 08-26-13 0800		
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING			*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification					
Item # 1	Item PHOTO CD OF COLLISION		Brand Name		Storage Location		Disposition	
Action # 3	Brand/Model/Caliber		(Further Description)					
	Serial #	Where Found	Weight of Narcotic					
Owner's Name			Address		City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions			Barcode goes here					
PHOTOS TAKEN BY SGT BROOKS #13								
Item #	Item		Brand Name		Storage Location		Disposition	
Action #	Brand/Model/Caliber		(Further Description)					
	Serial #	Where Found	Weight of Narcotic					
Owner's Name			Address		City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions			Barcode goes here					
Item #	Item		Brand Name		Storage Location		Disposition	
Action #	Brand/Model/Caliber		(Further Description)					
	Serial #	Where Found	Weight of Narcotic					
Owner's Name			Address		City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions			Barcode goes here					
Item #	Item		Brand Name		Storage Location		Disposition	
Action #	Brand/Model/Caliber		(Further Description)					
	Serial #	Where Found	Weight of Narcotic					
Owner's Name			Address		City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions			Barcode goes here					
Item #	Item		Brand Name		Storage Location		Disposition	
Action #	Brand/Model/Caliber		(Further Description)					
	Serial #	Where Found	Weight of Narcotic					
Owner's Name			Address		City	State	Zip	Phone #
Owner Signature/Other remarks /additional information/ special instructions			Barcode goes here					
Evidence Control Use Only:								
Received by Evidence:			NCIC/WACIC <input checked="" type="checkbox"/> Date:		CAD/RMS Checked		ROUTING:	
Name: _____ # _____			NCIC/WACIC + Date:		Owner Letter Sent:		White: Property Room	
Date: _____ Time: _____			NCIC/WACIC - Date:		Owner Letter Sent:		Yellow: Case File	

Incident History for: #SS13019058 Xref: #AG13002445

Case Numbers: \$\$\$13002106

Entered 08/26/13 06:19:38 BY SPDF24 SP0357

Dispatched 08/26/13 06:19:57 BY SPDP17 SP0361

Enroute 08/26/13 06:19:57

Onscene 08/26/13 06:31:48

Closed 08/26/13 06:47:47

Initial Type: ACC Initial Alarm Level: Final Alarm Level:

Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1619 Map Page: 377F-6 Group: SS1 Beat: NORT

Src: T

Loc: LUNDEEN PARK WY/VERNON RD ,LKS (V)

Loc Info:

Name: NELLIS, SCOTT

Addr:

Phone: 4259711733

/0619 (SP0357) ENTRY ,TRUCK INTO TREE, DRIVER OUT AND WALKING AROUND

/0619 CROSS #AG13002445

/0619 (SP0361) DISPER SS1931 #SS75 CHRISTENSEN, OFCR (CHAD)

/0620 (SP0357) SUPP NAM: NELLIS, SCOTT,

PHO: 4259711733,

TXT: BLKING

/0631 (SP0361) ASSTOS SS1910 [LUNDEEN PARK WY/VERNON RD ,LKS]

#SS13 BROOKS, SGT (RON)

/0631 ASNCAS SS1910 \$\$\$13002106

/0632 (SS75) *ONSCNE SS1931

/0638 (SS13) REMINQ SS1910 MDTWANT, SMITH, DANIEL, K, 102285,,,WA,,,,,,,,,,,,,

/0647 (SP0361) CLEAR SS1910 D/H

/0647 CLEAR SS1931 D/H

/0647 CLOSE SS1931

